

CIS SERVICES TRANSACTION DOCUMENT

Complete as needed for case opening, case changes, or case closing. Log# 63989

1. Transaction Number		2. Case Number		3. Case Name		4. Reg.		5. Co. Code		6. Neg Date		7. PA Effect		8. PA-S SA-S FS CC SP CH	
9. Service Open		10. Service Close		11. Retd Date		12. Quarterly Date		13. Serv Elig.		14. Target Grp		15. Fed Goal Status		16. P1 P2 P3 P4 P5 P6 P7 P8 P9	
18. Specialist		19. FS Worker		20. CH Worker		21. Serv Worker 1		22. Serv Worker 2		23. Serv Worker 3		24. Serv Worker 4		25. Serv Worker 5	
27. CYS Data		28. Placement Date		29. Commitment Date		30. Court Indicator Cd		31. Referral Source		32. Acceptance Date		33. Productivity Status		34. Funding Source	
37. Foster Care Event		38. Arrest Date		39. Closing Code		40. Previous Case Number		41. 2nd Provider ID		42. Supervising Agency Ind.		43. Security Level		44. Security Override	
47. Case Name		48. In Care Of		49. Street		50. City, State, Zip		51a. 3rd Party Payee		51b. 3rd Party in Care Of		51c. 3rd Party Street		51d. 3rd Party City, State, Zip	
52. Recip Name (Grantee)		53. Medicaid Eligibility for person in 52		54. Recip Name		55. Recip Name		56. Recip Name		57. Reason Issued (completed for turnaround FIA-SS)		58. Worker Signature		59. Date	

FIA-SS (Rev. 2-98) Crystal Reports (SWSS App.)
Printed: 05/13/1999 @ 12:59:57PM

File Screens Autoflow Corrections Help

Medicaid Data

Case Name: Test, Ma Log #: 63989
Case #: V2425432A Program: CFC
Assigned: 3303003603 Status: Registered

Register Medicaid Is youth open on another MA case? ☐ Yes ☒ No
Open Medicaid
Update Medicaid
Close Medicaid
☒ Print FIA-5S to M

Medicaid
Medicaid begin
Third Party Cod
Mother status c
Current manage

Is there other insurance coverage? ☐ Yes ☒ No

Cancel Continue

Select type of managed care program

ADD Error
Error # :2147217900
Source: Microsoft OLE DB Provider for ODBC Drivers
SQL State: 23000
NativeError: 1
[Microsoft][ODBC driver for Oracle][Oracle]ORA-00001: unique constraint (SWSS.PK_MEDICAID_HISTORY) violated
ORA-06512: at "SWSS.MAPKG", line 304
ORA-06512: at line 1 No Help file available

OK

05/13/1999 13:07:00

I closed ma not cl had opened previously
I am Reg. & open MA from the MA
module - get error - SWSS did print
133 + SS, but SS still has reg. action
date & code printed on form

2.20

(24)

ASSIST SERVICES REFERRAL REGISTRATION AND CHANGES - Michigan Family Independence Agency

This document was created by the SWSS Application, Log No.: 63989

1. Case Name Test, Ma		2. Homeless N		3. Living Arrangement CFC		4. Case Number Y2425432A	
5. Residential Address							
6. Group Mailing Address (Address Interfaced to CIS for mailing purposes)							
a. Attn: Care Of							
b. Misc. Address Info.							
c. Street Address							
d. 2nd Address Info.							
e. City LANSING							
f. State MI		g. Zip Code 48911-0000		h. State		i. Zip Code	
j. Alt. Phone (517) 394-1668		k. TTY/TDD ()		l. Residence County / District 33		m. Service County / District 03	
9. Representative Type							
10. Representative Name / Agency Name (Payees, Contacts, 3rd Party (see page 2 for Rep. Address and Phone Number)							
11. Initial Client Name, Demographic Information, Registration Program Choices and Withdrawal/Denial Disposition (Additional Clients on following pages)							
a. Last Name, First Name, M.I., Suffix Test, Ma		b. Client ID 0038383731		c. Social Security No. 375-49-3845		d. Date of Birth 04/15/1999	
e. Previous Names, A.K.A., etc.		f. Migrant Indicator N		g. Race Code 1		h. Secondary Race Code 2	
i. j. Migrant Indicator N		k. Race Code 1		l. Multiethnic N		m. Tribal Doc. N	
Member Detail (Check appropriate Box if "Yes") <input type="checkbox"/> Parent of Child <input type="checkbox"/> School Full Time <input type="checkbox"/> Pregnant <input type="checkbox"/> Disabled <input type="checkbox"/> Caretaker of Disabled Spouse/C <input type="checkbox"/> Refugee							
Service Registration, Referral or Change Data							
28. Referral/Change Date 05/13/1999		58. Worker Signature		14. Load Number District Section Unit Worker 03 00 36 03		15. Referral Narrative	
28. Referral Narrative:							

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ASSIST SERVICES REFERRAL REGISTRATION AND CHANGES - Michigan Family Independence Agency
This document was created by the SWSS Application, Log No.: 63989

1. Case Name Test, Ma		4. Case Number V2425432A	
10. Representative Name / Agency Address (continuation)			
a. Alt. Care Of		17. Other Group Member Address	
Specify line No. of Member		a. Alt. Care Of	
b. Misc. Address Info.		b. Misc. Address Info.	
c. Street Address		c. Street Address	
d. 2nd Address Info.		d. 2nd Address Info.	
e. City		f. State	g. Zip Code
h. Home Phone		i. Alt. Phone	j. TTY/TDD

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CIS SERVICES TRANSACTION DOCUMENT

Complete as needed for case opening, case changes, or case closing.

Log# 63989

1. Transaction Number	2. Case Number	3. Case Name	4. Reg.	5. Co. Code	6. Neg Date	7. PA Effect	8. PA-S SA-S FS CC SP CH
	V2425432A	Test, Ma		33	05/13/1999	49	
9. Service Open	10. Service Close	11. Refd Date	12. Quarterly Date	13. Serv Elig.	14. Target Grp	15. Fed Goal Status	16. P1 P2 P3 P4 P5 P6 P7 P8 P9
18. Specialist	19. FS Worker	20. CH Worker	21. Sen Worker 1	22. Serv Worker 2	23. Serv Worker 3	24. Serv Worker 4	25. Serv Worker 5
			33303603				26. Grant
27. CVS Data	28. Placement Date	29. Commitment Date	30. Court Indicator Cd	31. Referral Source	32. Acceptance Date	33. Productivity Status	34. Funding Source
a. Living Arrangmt	b. Primary Prov. ID	c. County					
37. Foster Care Event	38. Arrest Date	39. Closing Code					
40. Previous Case Number	41. 2nd Provider ID	42. Supervising Agency Ind.	43. Security Level	44. Security Override	45. Pre-Assessment	46. Post-Assessment	
47. Case Name	48. In Care Of	49. Street	50. City, State, Zip	51a. 3rd Party Payee	51b. 3rd Party in Care Of	51c. 3rd Party Street	
Test, Ma		4125 WAINWRIGHT	LANSING, MI, 48911				
52. Recip Name (Grantee)	a. Client ID	b. Birth Dt	c. Sex	d. Race	e. SSN	f. SS Claim #	g. PA-S SA-S FS CC SP CH
Test, Ma	0038383731	04/15/1999	F	1	375493845		
53. Medicaid Eligibility for person in 52	a. Open Code	b. Redet Dt	c. Para	d. Status	e. Recipient PA-S	f. Person	g. MA Beg In Date
	000	05/01/2000	Q	2	2	08	05/01/1999
54. Recip Name	a. Client ID	b. Birth Dt	c. Sex	d. Race	e. SSN	f. SS Claim #	g. PA-S SA-S FS CC SP CH
55. Recip Name	a. Client ID	b. Birth Dt	c. Sex	d. Race	e. SSN	f. SS Claim #	g. PA-S SA-S FS CC SP CH
56. Recip Name	a. Client ID	b. Birth Dt	c. Sex	d. Race	e. SSN	f. SS Claim #	g. PA-S SA-S FS CC SP CH
57. Reason Issued (completed for turnaround FA-55)	58. Worker Signature						
	59. Date						

FIA-SS (Rev. 2-98) Crystal Reports (SWSS App.)
Printed: 05/13/1999 @ 1:08:52PM

File Screens Autoflow Corrections Help

Medicaid Data

Case Name: Test, Ma Log #: 63909
Case #: V2425432A Program: CFC
Assigned: 3303003603 Status: Registered

☒ Register Medicaid Is youth open on another MA case? ☐ Yes ☒ No
☐ Open Medicaid
☒ Update Medicaid
☐ Close Medicaid
☐ Print FIA-5S to Maintain Medicaid ☒ Print FIA-133 to Register Medicaid

Medicaid
Medicaid begin date: / / Medicaid redetermination date: /
Third Party Code:
Mother status code: Father status code:
Current managed care program:
Is there other insurance coverage? ☐ Yes ☒ No

Cancel Continue

Select to print

When accessing MA # and nothing is Reg. or open - these buttons should be grayed out!

05/13/1999 13:27:43

When trying to only Reg. the MA
Case in SWSS - I hit continue & wait
& nothing prints & after 2-3 minutes I
must select file exit to get off screen

28

2, 24

File Sections Autoflow Corrections Help

Foster Care Case Registration

Assigned Worker: 3303003603
Secondary Worker:
Registration Date: 06/12/1996

Legal Status: 44 MCI Ward Log#: 62718

Last Name: [REDACTED] First: [REDACTED] Middle: K Case #: V3847357A ☐ PSI
AKA:
Accept Date: 06/12/1996
Street: [REDACTED] Res. County: 33 INGHAM
City: LANSING State: MI Zip Code: 48910 Res. District: 3 District 3 ir
Phone: () - Alt. Phone: () - Date of Birth: 02/08/1995 Date of Birth Est? ☐ Yes ☒ No
Sex: ☒ Male ☐ Female Client Id: [REDACTED] SSN: [REDACTED]
Language: E English Migrant Status: ☐ Yes ☒ No ☒ Register MA with Services
Primary Race: 2 Black Has the question been asked:
Secondary Race: "Does this child have any North ☒ Yes ☐ No
Secondary Race: American Indian Heritage?"
Hispanic Ethnicity: N No Tribal Documentation: ☐ Pending ☐ Verified ☒ None

Change Companion Group **View (1) Companions** **Print FIA-133a** **Cancel** **Continue**

Select if NO documentation

05/13/1999 13:36:33

Reg. MA on case Reg.

29

2.25

ASSIST SERVICES REFERRAL REGISTRATION AND CHANGES - Michigan Family Independence Agency
This document was created by the SWSS Application, Log No.: 62718


1. Case Name [REDACTED]		2. Homeless N		3. Living Arrangement CFC		4. Case Number V [REDACTED]	
5. Residential Address							
a. Alt. Care Of							
b. Misc. Address Info.							
c. Street Address [REDACTED]							
d. 2nd Address Info.							
e. City Lansing		f. State MI		g. Zip Code 48910		h. State MI	
i. Alt. Phone ()		j. TTY/TDD		k. Residence County / District 33		l. Service County / District 03	
9. Representative Type							
10. Representative Name / Agency Name (Payees, Contacts, 3rd Party (see page 2 for Rep. Address and Phone Number)							
11. Initial Client Name, Demographic Information, Registration Program Choices and Withdrawal/Pending Disposition (Additional Clients on following pages)							
a. Last Name, First Name, MI, Suffix [REDACTED]		b. Grantee Y		c. Primary Language English		d. Client ID 0091443061	
e. Social Security No. [REDACTED]		f. Date of Birth 02/08/1995		g. Estimated Date of N		h. Sex M	
i. Previous Names, AKAs, etc.		j. Migrant Indicator N		k. Race Code 2		l. Multiracial N	
m. Secondary Race Code 1.		n. Hispanic N		o. Tribal Doc. N		p. Wdl / Den Code Program 1	
Member Detail (Check appropriate Box if "yes" <input type="checkbox"/> Parent of Child <input type="checkbox"/> School Full Time <input type="checkbox"/> Caretaker of Disabled Spouse/C <input type="checkbox"/> Pregnant <input type="checkbox"/> Refugee <input type="checkbox"/> Newborn <input type="checkbox"/> Disabled							
Service Registration, Referral or Change Data							
28. Referral/Change Date 06/12/1996		58. Worker Signature [Signature]		14. Load Number District Section Unit Worker 03 00 36 03		15. Dept. / Ward MA	
28. Referral Narrative: [REDACTED]							

ASSIST SERVICES REFERRAL REGISTRATION AND CHANGES - Michigan Family Independence Agency
This document was created by the SWSS Application, Log No.: 62718

1. Case Name		4. Case Number	
[Redacted]		V-3 [Redacted]	
10. Representative Name / Agency Address (continuation)			
a. Alt. Care Of		17. Other Group Member Address	
Specify line No. of Member		a. Alt. Care Of	
b. Misc. Address Info.		b. Misc. Address Info.	
c. Street Address		c. Street Address	
d. 2nd Address Info.		d. 2nd Address Info.	
e. City		e. City	
f. State		f. State	
g. Zip Code		g. Zip Code	
h. Home Phone		h. Home Phone	
i. Alt.		i. Alt. Phone	
j. TTY/TDD			

2.27 (3)

File Sections Autoflow Corrections Help

 **PLACEMENT** Case Name [REDACTED] Log #: 62718
Case # [REDACTED] Program: CFC
Assigned: 3303003603 Status: Registered

2 of 2

Child Data
DOB 02/08/1995 Age at Placement 4 Year Client ID [REDACTED] Foster Care Event 6
Sex M Race 2 Legal 44 Eligibility Code 13

Placement Data
Placement Begin Date 02/11/1999 Placement End Date / / Total Days Placed 91
Living Arrangement 02 Relative Home (including relative) Funding Source 06 Self Supporting
☐ Generate Foster Care Action Summary
☒ Yes ☐ No View Removal Conditions
Is family receiving FIP for the child? ☐ Yes ☒ No ☐ Print SS Additional Comments

<<Previous Continue

Select the funding source from the dropdown list

05/13/1999 13:49:32

funding source 6 + L/A 02

2 < 1

32

File Screens Autoflow Corrections Help

Medicaid Data

Case Name: [REDACTED] Log #: 62718
Case #: [REDACTED] Program: CFC
Assigned: 3303003603 Status: Registered

☒ Register Medicaid Is youth open on another MA case? ☐ Yes ☒ No
☐ Open Medicaid
☐ Update Medicaid ☐ Withdraw MA Registration
☐ Close Medicaid
☐ Print FIA-55 to Maintain Medicaid ☐ Print FIA-133 to Register Medicaid

Cancel Continue

System Help Messages Will Be Displayed Here

.05/13/1999 13:51:30

- NO message telling me I need to
w/draw MA Reg.
- I was able to open MA

33

2.29

Complete as needed for case opening, case changes, or case closing.

Log# 62718

1. Transaction Number	2. Case Number	3. Case Name	4. Reg.	5. Co. Code	6. Neg Date	Code	7. PA Effect	8. PA-S SA-S FS CC SP CH
9. Service Open	10. Service Close	11. Redf. Date	12. Quarterly Date	13. Serv. Elig.	14. Target Gp	15. Fed Goal Status	16. P1	17. Methodology Indicator
18. Specialist	19. FS Worker	20. CH Worker	21. Serv Worker 1	22. Serv Worker 2	23. Serv Worker 3	24. Serv Worker 4	25. Serv Worker 5	26. Grant
27. CYS Data	28. Placement Date	29. Commitment b. Date	30. Court Indicator Cct	31. Referral Source	32. Acceptance Date	33. Productivity Status	34. Funding Sources	35. HDCP
36. Living Arrangmt, b. Primary Prov. ID	a. County	c. Offense	37. Arrest Date	38. Closing Code	39. Security Level	40. Security Override	41. Pre-Assessment	42. Post-Assessment
43. Previous Case Number	44. 2nd Provider ID	45. Supervising Agency Ind.	46. Security Level	47. Security Override	48. PA-S SA-S FS CC SP CH	49. SV	50. SP	51. Other
52. Recip Name (Grantlee)	a. Client ID	b. Birth Dt	c. Sex	d. Race	e. SSN	f. SS Claim #	g. PA-S SA-S FS CC SP CH	h. SV
53. Medicaid Eligibility for person in 52	a. Open Code	b. Redet Dt	c. Pama	d. Status	e. Recipient PA-S	f. Person	g. MA Begin Date	h. MA End Date
54. Recip Name	a. Client ID	b. Birth Dt	c. Sex	d. Race	e. SSN	f. SS Claim #	g. PA-S SA-S FS CC SP CH	h. SV
55. Recip Name	a. Client ID	b. Birth Dt	c. Sex	d. Race	e. SSN	f. SS Claim #	g. PA-S SA-S FS CC SP CH	h. SV
56. Recip Name	a. Client ID	b. Birth Dt	c. Sex	d. Race	e. SSN	f. SS Claim #	g. PA-S SA-S FS CC SP CH	h. SV
57. Reason issued (completed for turnaround FIA-SS)	58. Worker Signature	59. Date	60. Date	61. Date	62. Date	63. Date	64. Date	65. Date

FIA-5S (Rev. 2-98) Crystal Reports (SWSS App.)
Printed: 05/13/1999 @ 1:55:29PM

File Options Autoflow Corrections Help

Foster Care Case Registration

Assigned Worker: 3303003603
Secondary Worker:
Registration Date: 05/12/1999

Legal Status: 42 Temporary Court Ward-Neg

Last Name: [Redacted] First: [Redacted] Middle: Rose Case #: [Redacted] A ☐ PS ☐
AKA: [Redacted] Accept Date: 02/17/1999
Street: [Redacted] Res. County: 33 INGHAM
City: Lansing State: MI Zip Code: 48906 Res. District: 3 District 3 in
Phone: () - [Redacted] Alt. Phone: () - [Redacted] Date of Birth: 02/16/1999 Date of Birth Est: ☐ Yes ☒ No
Sex: ☐ Male ☒ Female Client ID: 0007355450 SCH: [Redacted]
Language: E English Marital Status: ☐ Yes ☒ No ☒ Register MA with Services
Primary Race: 5 Unable to Determine Has the question been asked: ☐ Yes ☒ No
Secondary Race: [Redacted] "Does this child have any North American Indian Heritage?" ☐ Yes ☒ No
Secondary Race: [Redacted] Tribal Documentation: ☐ Pending ☐ Verified ☒ None
Hispanic Ethnicity: N No

Change Companion Group View (1) Companions Print FIA-133a Cancel Continue

Select this button to close this screen.

05/13/1999 14:01:05

23

- MA was Reg. on case Reg.

Screen

- placed child in out of state provider

- message came up, but did not take me to MA screen to withdraw Reg.

35

F 2

From: Carol Kraklan
To: DSS2.CFS1(JENSENM2), DSS.BUIS(CORKWELLB)
Subject: a couple of things on Medicaid -Reply

The MA case is converted into SWSS as Active. The worker will not need to print a 133 or 5S to Open MA at the time of conversion. At some point in time, the worker will need to print a 5S to update MA.

You are correct in regards to your other points.

>>> Bonnie CORKWELL 03/29/99 08:29am >>>
Here are some assumptions I've made, please let me know if I'm full of
.....

If the case is converted in with MA, then it is active MA and the FIA133 or opening 5S doesn't need to be done.

Until the FIA133 is printed, the MA status is unregistered.

Until the FIA5S is printed, the MA status is registered - if the worker has registered & printed the 133.

This isn't the way it is currently; the worker has the option of printing or not printing the necessary form(s). If the worker selects Register and hits continue the case is registered MA; if the worker selects Open and hits continue the case is active MA. I wanted clarification before making any changes to this process.

CC: DSS.BUIS(PRESOCKIN, TruaxS),

E 3

From: Mary Ann Jensen
To: DSS.BUIS.RIVERAR
Date: 3/16/99 1:22pm
Subject: managed care codes part 2 -Reply

I have a partial answer and a request.

Managed Care Code 88 is OK and should be allowed; it means the same as 0.

8 means the person is in a State operated Psychiatric Facility so hopefully the living arrangement is 16.

10 is non longer used - thus invalid.

Now the request: According to DCH all our children in out of home care (CFC and JJ) should have managed care codes of 88 or 0. Thus, we need a list so we can clean up the ones which aren't coded that way. Is that possible? Do I need to ask someone else? Thanks.

>>> Robert Rivera 03/04/99 02:28pm >>>

as it turns out 88 isn't the only odd ball managed care code i'm getting. I'm getting 7,8,10,11,12,and 88 and the only ones that are allowed in are 0,7, 11, and 12.

As of right now, if one of the oddballs show up, no medicaid record is added for the given case. If you could let me know how to handle the situation or tell me who does know I can get past this minor hurdle.

thx,
Bob

CC: DSS.BUIS.PRESOCKIN, DSS.BUIS.LONDONS2, TOMESS

FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Nancy Presock, Manager
ITMS-SWSS

Date: February 25, 1999

From: Mary Ann Jensen, Manager
SWSS Policy Office

Subject: Addendum-Medicaid Closing in SWSS and the FIA 176

On the Medicaid Closing screen a worker should first enter a Negative Action Code from a pick list. These codes are:

- Y001-Child Moved to another state (Edit-If child is Title IV-E eligible the MA must close; if child is funded through SWBC or County Child Care MA case remains open in Michigan. For living arrangement 22-Out of State Parent, the MA case must be closed.)
- Y005-Youth has reached age 21 (edit against DOB)
- Y009-Youth placed in non-medical institution (Edit against living arrangement 12, 14 and 15, immediate closure; for living arrangement 11 and 17 the MA case must close if the child has been in the placement for longer than 30 days.)
- Y020-Only eligible recipient has died
- Y049-Child approved for SSI-MA open on SSI case
- N098-Other (This is for SWSS case closure, child placed with Legal Guardian, Own Home or Adoptive Home, etc.)

We are deleting the negative action code of Y089-Client Request.

The "Y" on the negative action code means that CIS will generate a FIA-1605 to the client informing him/her of the Medicaid closure. Depending upon the type of "Y" negative action code used, the Medicaid closing will pend for 10 days on CIS before closing. SWSS will not need to pend the MA closing.

A negative action date is not required on the 5S for MA closing. This date will be calculated by CIS.

The "N" in front of the negative action code means that the SWSS FC/JJ worker must generate a FIA-176 to send to the client. The "cancelled effective" date on the FIA-176 should be the last day of the current month if the worker closes MA in SWSS before the 16th of the month. If the MA is closed within SWSS on or after the 16th of the month the

"We Strengthen Individuals and Families Through Mutual Respect and Mutual Responsibility."

*Print
FIA-176
150w screen
all the time
should be now
depend you
what user's
entered!!!*

makes worker enter one!

5

checking with the Department of Community Health to ensure that this is the correct date.)

The wording on the FIA-176 must also be changed. The form should still print on letterhead, with the date the form is printed at the top. The discrimination statement, and form number and revision date must print at the bottom. All capitalized letters in the text below are to be used (Medicaid is always capitalized). Italicized words in parenthesis are inserted text depending upon the case. A reproduction of the letter is attached.

Other-For a converted case that converts into SWSS with an open MA case, with a living arrangement that does not allow MA to be open, the worker must first Activate the services case within SWSS and then close the MA case.

I was able to do this when case was Reg.
Thank you for your time and attention to this matter. Please contact me at 3-2084 if you have any further questions.

cc: Sue London
Sue Tomes
Phil Rock
Carol Kraklan
Pat Wilson
Bill Dodge

(6)

"We Strengthen Individuals and Families Through Mutual Respect and Mutual Responsibility."

DATE FORM PRINTED

Notice of Case Action

Your assistance under the Medicaid program for (Child's name, Case Number) will be cancelled effective (date described above). We have not made a determination of your eligibility beyond the effective date shown. You may be eligible for further assistance, but you must make a new application to have this determination made. - not words this way

This action is in accordance with Services Manual Items 902.11. If you have any questions about this action, please contact the worker at the (county name) Family Independence Agency at:

(Local Office Address)

If you believe this action is illegal, you may request a hearing within 90 days of this notice. A hearing request must be in writing and signed by you or an authorized person. You may choose anyone to represent you. If you want someone else to request a hearing for you or represent you at the hearing, that person must first have written authorization to do so unless that person is your attorney or your spouse. Family Independence Agency Administrative Hearings must have proof that you authorized the person to request the hearing or a copy of a court order naming the person as your guardian or conservator. Otherwise, your hearing request will be denied.

If you request a hearing, your request must be received within 90 days from the date of this notice or it will be dismissed as untimely. If the Family Independence Agency receives a request for a hearing within 11 days after the date of this letter, your assistance will be reinstated at its former level. If the Family Independence Agency proposed action is upheld in the hearing decision, or the hearing request is withdrawn, or you or your representative do not appear at the hearing, you will be required to repay the Family Independence Agency for any assistance which would not have been received had a hearing not been requested.

If you agree with this notice, no further action is required.

I believe the above action by the Family Independence Agency is illegal and wish to request a hearing.

Signature: _____ Date: _____

The circumstances under which assistance is continued if a hearing is requested are covered in the above statement.

Discrimination Statement

Form # and Revision Date

"We Strengthen Individuals and Families Through Mutual Respect and Mutual Responsibility."

File Screens Autoflow Corrections Help

Medicaid Data

Case Name: [REDACTED] Log #: 62721
Case #: [REDACTED] Program: CFC
Assigned: 3303003603 Status: Registered

☐ Register Medicaid
☐ Open Medicaid
☐ Update Medicaid
☒ Close Medicaid

☒ Print FIA-5S to Maintain Medicaid ☐ Print FIA-133 to Register Medicaid

Close Information
Negative Action Date: 05/13/1999
Negative Action Code: 98 Other
☒ Print FIA-176 Client Notice The case record copy of the FIA-176 is to be filed in the youth's record

Cancel Continue

Select to print

05/13/1999 11:11:33

2.9

8

Board Members
Prashant Bendre
Suzanne Carr
James McDougal

STATE OF MICHIGAN

5303 South Cedar
Lansing, MI 48909



JOHN ENGLER, Governor
FAMILY INDEPENDENCE AGENCY
DOUGLAS E. HOWARD, Director

May 13, 1999

3303003603

Notice of Case Action

Your assistance under the Medicaid program for [REDACTED] will be canceled effective **05/13/1999**. We have not made a determination of your eligibility beyond the effective date shown. You may be eligible for further assistance, but to have this determination made, you must make a new application.

This action is in accordance with Services Manual Items 902.11. If you have any questions about this action, please contact the worker at the **Ingham County** Family Independence Agency at:

5303 South Cedar
Lansing, MI 48909

If you want an appointment to discuss this case action with your worker and that worker's supervisor, contact your local office. If you believe this action is illegal, you may request a hearing. A request for a hearing must be in writing and signed by you or your authorized representative. You may be represented by an attorney or other person of your choice, but the Family Independence Agency does not pay for legal expenses. You may contact your local Family Independence Agency office to find out if free legal help is available.

If you request a hearing, your request must be received within 90 days from the date of this notice or it will be dismissed as untimely. If the Family Independence Agency receives a request for a hearing within 11 days after the effective date of this action, your assistance will be reinstated at its former level. If the Family Independence Agency's proposed action is upheld in the hearing decision, or the hearing request is withdrawn, or you or your representative do not appear at the hearing, you will be required to repay Family Independence Agency for any assistance which would not have been received had a hearing not been requested.

If you believe this action is illegal and wish to request a hearing, state your reasons on the back of this notice. Mail or bring it signed and dated below, to the hearings coordinator at your local Family Independence Agency.

Signature _____ Date _____

The circumstances under which assistance is continued if a hearing is requested is covered in the above statement.

Carol Kraklan
5303 South Cedar
Lansing, MI 48909
(517)373-6286

FIA-176 (11/6/98)